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CONFIRMATION NO. 6972

<b>SERIAL NUMBER</b> 10/506,935	<b>FILING OR 371(c) DATE</b> 04/25/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 10738-37	
<b>APPLICANTS</b> Randy S. Seeley, Cincinnati, OH; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/07253 03/07/2003 which claims benefit of 60/362,813 03/08/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>PK</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>R. S. Seeley</i> Examiner's Signature <i>PK</i> Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24256					
<b>TITLE</b> Overfeeding methods for determining therapeutic strategies and/or targets for obesity therapeutics					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		